MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09505

92d

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Cecil
City or town Perryville, Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 20 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Cecil
City or town Perryville, Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Vidie E. Ausalvisk

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
female	white	Married.

8 (b) Name of husband or wife Frank E. Ausalvisk
6(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Dec. 28, 1866

8. AGE: Years 63. Months 8 Days 11 If less than one day ____ hrs. ____ min.

9. Birthplace Principio Furnace, Cecil, Md
(Town, county, and state)

10. Usual occupation Housework.

11. Industry or business Own Home

FATHER 12. Name Edmond Tamar.
13. Birthplace Cecil Co.

MOTHER 14. Maiden name Matilda Grant
15. Birthplace Port Deposit, Md

16. Informant Frank E. Ausalvisk
Address Perryville, Md. R.F.D.

17. Burial
(Burial, cremation, or removal (Which?)) Date thereof Sept. 11, 1940 (month) (day) (year)
Cemetery or crematory Charlestown, Md.
Location Charlestown, Md.

18. Funeral director Lewa. Patterson
Address Perryville, Md.

19. Sept. 10, 1940. Irene E. Daugherty.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 8 1940, at 9.55 P.M.

21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from October 1st 1940 to September 8 1940, and that I last saw her alive on September 8 1940.

Immediate cause of death Chronic Endocarditis — DURATION 1 yr

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. F. Magraw. M. D. or other
Address Perryville Md Date signed 9/9/40

RECEIVED
OCT 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (88-a)

CERTIFICATE OF DEATH

09506

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Elkton RD #1

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 10 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Cecil

City or town: Elkton RD #1 Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: James DelNegro

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W.	Married

6 (b) Name of husband or wife: Luisa DelNegro

6(c) If alive, give age: Years

7. Birth date of deceased (mo., day, yr.): Feb 2 1887

8. AGE: Years	Months	Days	If less than one day
53	7	27	hrs. min.

9. Birthplace: San Bacano, Italy (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER — 12. Name: Giacinto DelNegro

13. Birthplace: Italy

MOTHER — 14. Maiden name: Giovenz Ficco

15. Birthplace: Italy

16. Informant: John DelNegro

Address: Elkton RD #1 Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 2 1940 (month) (day) (year)

Cemetery or crematory: St Marks Bristol Pa

Location: Bristol Pa

18. Funeral director: Wm. Pilkin

Address: Elkton Md

19. Sept 30 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 29 1940 at 8.30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1925 to Sept 29 1940, and that I last saw him alive on Aug 15 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to Arterio sclerosis	?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: W. T. Morrison M.D.

M.D. or other

Address: Elkton Date signed Sept 30, '40

RECEIVED
OCT 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (121)

09507

CERTIFICATE OF DEATH

Reg. Diat. No. 92

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 weeks
Hospital, institution, or street address where death occurred: Union Hosp.
How long in hospital or institution? 2 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Kent
City or town: rural - near Galena
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME James G. Dixon

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 13th 1940

8. AGE:

Years	Months	Days	If less than one day
26	3	0	..... hrs. ..... min.

9. Birthplace: Cecil Co. Md. (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business

FATHER
12. Name: William Jr. Dixon
13. Birthplace: Cecil Co. Md.

MOTHER
14. Maiden name: Grace Camp
15. Birthplace: Kent Co. Md.

16. Informant: Wm. W. Dixon Jr.
Address: Galena Md

17. Burrial (Burial, cremation, or removal. Which?) Date thereof 9 18 1940 (month) (day) (year)
Cemetery or crematory: Galena Cemetery
Location: Galena, Md.
18. Funeral director: John F. Coffman
Address: Crellton, Md.
19. Sept 16 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 15th 1940, at 1:20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 2 - 1940 to Sept 15 1940 and that I last saw him alive on Sept 14th 1940

Immediate cause of death	DURATION
Acute myocarditis	
Due to: Pericarditis	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Ulcer of Stomach, Cholecystitis & Chronic appendicitis Date of op. Sept 5 - 1940
Autopsy results: none
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Jno F Coffman M. D. or other
Address: Elkton Md Date signed 9/16/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-01)

09508

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Cecil
City or town: Perryville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 70

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Perryville, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME: Joseph E. Gillespie

3. (b) Social Security Number: none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	white	Married

6 (b) Name of husband or wife: Effie E. Boulden
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan. 29, 1866

8. AGE:

Years	Months	Days	If less than one day
74	7	17	hrs. min.

9. Birthplace: Liberty Grove, Cecil Co. Md.
(Town, county, and state)
10. Usual occupation: Conductor
11. Industry or business: Penn. R. R.
FATHER 12. Name: Peter Gillespie
13. Birthplace: Cecil Co. Md
MOTHER 14. Maiden name: Amanda Harris
15. Birthplace: Cecil Co., Md
16. Informant
Address
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 18, 1940 (month) (day) (year)
Cemetery or crematory: Lakewell Cem.
Location: Port Deposit, Md. R.F.D.
18. Funeral director: E. A. Patterson,
Address: Perryville, Md.
19. Sept. 17, 1940 (Date rec'd by registrar) Irene E. Daugherty. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 16 1940, at 1.15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1 1940 to Sept. 16 1940, and that I last saw him alive on Sept. 14 1940.

	DURATION
Immediate cause of death: Cerebral Hemmorhage	2 wks
Due to: Generalized Atherosclerosis	10 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: J. T. Magraw M. D. or other
Address: Perryville Md Date signed Sept 17, 40

RECEIVED
OCT 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09509

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Cecil — Registration Dist. No. 90

Village or City Warwick, md. — No. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U. S. if of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Arthur D. Johns. If U. S. Veteran, specify WAR ...

(a) Residence: No. ... St., ... Ward. ...

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Pearce

6. DATE OF BIRTH (month, day, and year) Sept 27 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. merchant

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ...

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) ... (State or country) md

FATHER

13. NAME arthur Johns

14. BIRTHPLACE (city or town) ... (State or country) Md

MOTHER

15. MAIDEN NAME Carey Clayton

16. BIRTHPLACE (city or town) ... (State or country) Del

17. INFORMANT Mrs arthur D. Johns (Address) Warwick Md

18. BURIAL, CREMATION, OR REMOVAL Place Forest Cemetery Date 9/29/ 19 40

19. UNDERTAKER H. Lester Donnelly (Address) Townsend Del.

20. FILED Sept. 28, 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 27 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1940, to Sept 27, 1940

I last saw h-- aliva on Sept 27, 1940; death is said to have occurred on the dete stated above, et 8:30 a.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance ware es follows:

	Date of onset
Coronary thrombosis	9-27-40
Other **Contributory Causes** of importance:	
Chronic myocarditis	9-27-40.

Neme of operation ... Dete of ...

What test confirmed diagnosis? ... Was thare an autopsy? ...

23. If deeth wes due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of Injury ...

24. Wes disease or Injury in eny way relatad to occupetion of deceased? ...

If so, specify ...

(Signed) A. R. Crutchley M. D.

(Address) Middletown, Del.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gollstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 yeor*

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OCT 5 1940
U. S. MAIL

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

09510

CERTIFICATE OF DEATH

Reg. Dist. No. 97

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Union Hospital
Stay in hospital or inst. (yrs., or mos., or days): 6 days
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: North East Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.:
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Henry Kinslow

3. (b) Social Security Number: 214-14-5240

4. Sex: Male
5. Color or race: Black
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of ~~husband or~~ wife: Pearl Kinslow
6(c) If alive, give age: 40 years
7. Birth date of deceased (mo., day, yr.): Oct 3 1894
8. AGE: Years: 45 (39) Months: 11 Days: 26 If less than one day: hrs. min.
9. Birthplace: Jim Cecil Co Md (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business
FATHER 12. Name: Henry Thomas Kinslow
13. Birthplace: Maryland
MOTHER 14. Maiden name: Margaret Hammond
15. Birthplace: Pennsylvania
16. Informant: Pearl Kinslow
Address: North East R.D. 1 Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 2 - 1940 (month) (day) (year)
Cemetery or crematory: Trinity Cemetery
Location: Near Elkton Md
18. Funeral director: Florence E. Abramalley
Address: Elkton R.D. 5 Md
19. Oct 2 1940 (Date rec'd by registrar) F P Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 29 1940, at 6:39 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 23, 1940, to Sept. 29, 1940, and that I last saw h~~im~~ alive on Sept. 28, 1940.

	DURATION
Immediate cause of death: Carcinoma of Stomach	
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: H. E. Cantwell M.D. M. D. or other
Address: North East Md. Date signed 9-30-40

RECEIVED
OCT 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09511

CERTIFICATE OF DEATH

170-c

Reg. Dist. No. 92

1. PLACE OF DEATH:

County Cecil

City or town Elkton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Elkton Hospital Union

Stay in hospital or inst. (yrs., or mos., or days) 1 day

Stay in this community (yrs., or mos., or days) 20 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Cecil

City or town Cecilton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Samuel Harris

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Mary T. Harris

6(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Mar 9 1869

8. AGE: Years 71 Months 6 Days 4 If less than one day ___ hrs. ___ min.

9. Birthplace Millington Md.
(Town, county, and state)

10. Usual occupation Laborer.

11. Industry or business Farming

FATHER
12. Name Benjamin Harris.
13. Birthplace Md.

MOTHER
14. Maiden name Elizabeth Green
15. Birthplace Md.

16. Informant Mary T. Harris
Address Cecilton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 16 1940 (month) (day) (year)

Cemetery or crematory Cecilton Cemetary

Location Cecilton, Md.

18. Funeral director H. W. Pippin
Address Elkton Md

19. Sept 15 1940 (Date rec'd by registrar) F. R. Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 13th 1940, at 5.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 19 to Elkton Md. and that I last saw h alive on 19

Immediate cause of death Fractured Skull

Due to automobile accident

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of Sep 13, 1940

Where did injury occur? Cecilton (City or town) Cecil (County) Md. (State)

Injured at home, farm, industry, public place (where?)

Means of injury auto. accident Injured at work? no

23. SIGNATURE John B. Slicer M D Coroner
M. D. or other

Address Rising Sun Md. Date signed 9/15 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 5 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09512

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County Cecil

City or town Elkton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Union Hospital

Stay in hospital or insf. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County

City or town Port Deposit Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Hodges

3. (b) Social Security Number

4. Sex Male

5. Color or race Black

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 22 - 1940

8. AGE: Years | Months | Days | If less than one day hrs. min.

9. Birthplace Elkton Cecil Maryland
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name John Daniel Hodges
13. Birthplace Virginia

MOTHER
14. Maiden name Lillian Rebecca Clark
15. Birthplace Port Deposit Md

16. Informant Lillian Hodges
Address Port Deposit Md

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory

Location

18. Funeral director none

Address

19. Oct 1 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 22 1940, at 11 45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9-22 1940, to 9-22 1940, and that I last saw him not alive on 19

Immediate cause of death Premature

Due to 4 month Testator

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: —

Of operations

Of autopsy —

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C L Dodson MD M. D. or other

Address Rising Sun Date signed 9/23-40

RECEIVED
OCT 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09513

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
County: Cecil
City or town: Perry Point, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 7 yrs. 5 mos. 2 days
Hospital, institution, or street address where death occurred:
Veterans' Administration
How long in hospital or institution? Same as above

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: D.C. County:
City or town: Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1629 Columbia Road, N.W., Wash., D.C.
(If rural, give LOCATION)
2.(a) If veteran, name war: World War ✓

3.(a) FULL NAME: HUBBELL, James P.

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Single

6.(b) Name of husband or wife: --
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 10, 1892

8. AGE: Years	Months	Days	If less than one day
48	5	14	hrs. min.

9. Birthplace: Colorado (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business:
FATHER 12. Name: James P. Hubbell - deceased
13. Birthplace: Toledo, Ohio
MOTHER 14. Maiden name: Adelaide Gyon
15. Birthplace: Seneca Falls, N.Y.
16. Informant: Hospital records & Elizabeth Hubbell, sister
Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 26, 1940 (month) (day) (year)
Cemetery or crematory: Arlington National Cemetery
Location: Ft. Myer, Virginia
18. Funeral director: The S. H. Hines Co. By R. E. Ramer
Address: S. H. HINES COMPANY, 2901 -14th Street, N.W., Washington, D.C.
19. 9-24- 1940 (Date rec'd by registrar) Irene E. Daugherty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 24 19 40 at 4:26 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 22 19 33 to Sept. 24 19 40 and that I last saw h... in ...alive on Sept. 24 19 40

Immediate cause of death	DURATION
Tuberculosis, pulmonary, chronic, far advanced, active	Unknown
Due to:	
Due to:	
Other conditions: Dementia Praecox, Simple type (Include pregnancy within 3 months of death)	Unknown

Major findings of operations: --
Date of op.: --
Autopsy results: --
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: -- Date of:
Where did injury occur? -- (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): --
Means of injury: -- Injured at work?

23. SIGNATURE: W. L. Meng, M.D.
W. L. MENG, M.D., Act. Clinical Director
Address: Perry Point, Maryland. Date signed: 9-24-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (51-B)

CERTIFICATE OF DEATH

09514

Reg. Dist. No. 9-2

1. PLACE OF DEATH:
County Cecil
City or town Elkton Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Bow St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 50 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Cecil
City or town Elkton Ward No.
(If ontside city or town limits, write RURAL NEAR and give town)
Street No. Bow St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George McCullough Potts. **3. (b) Social Security Number** none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	Wh	widowed

6 (b) Name of husband or wife 1st. Julia Z.
2nd Clara H. 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 24, 1865

8. AGE: Years	Months	Days	If less than one day
74	8	11	hrs. min.

9. Birthplace North East, Md (Town, county, and state)
10. Usual occupation Retired Police officer
11. Industry or business

FATHER 12. Name	William Potts
FATHER 13. Birthplace	Pa
MOTHER 14. Maiden name	Mary Ann Holden
MOTHER 15. Birthplace	North East Md

16. Informant Clever Potts
Address Elkton Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 7/40 (month) (day) (year)
Cemetery or crematory Bouldens Chapel
Location Elkton R.D.
18. Funeral director H. W. Pippin
Address Elkton, Md
19. Sept 5 1940 (Date rec'd by registrar) F. K. Rogers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 5 1940, at 4A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15 1940 to Sept 5 1940, and that I last saw alive on Sept 4 1940

Immediate cause of death	DURATION
Carcinoma of Prostate Gland	
Due to	
Due to	
Other conditions Chronic interstitial nephritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Herbert Bates M. D.
M. D. or other
Address Elkton Md Date signed 9/5/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
OCT 5 1940
BUREAU V. S.

09515

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County: Cecil

City or town: Elkton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Union Hospital

Stay in hospital or inst. (yrs., or mos., or days): 4 days

Stay in this community (yrs., or mos., or days): Two months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Elk Mills Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: ~~George B Murray~~ Batris H Murray

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: George B Murray

6(c) If alive, give age: 80 years

7. Birth date of deceased (mo., day, yr.): Mar. 16, 1871

8. AGE: Years: 69 Months: 5 Days: 21 If less than one day: hrs. min.

9. Birthplace: Canada
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business

FATHER
12. Name: No Record
13. Birthplace

MOTHER
14. Maiden name: Mahala Hendershot
15. Birthplace

16. Informant: A. B. Murray
Address: 2219 Pelham St Baltimore Md

17. Burial (Burial, cremation, or removal, Which?) Date thereof: Sept - 9 - 40 (month) (day) (year)

Cemetery or crematory: Cherry Hill Md

Location: Cherry Hill Md

18. Funeral director: Florence E. Abnerally
Address: Elkton Md. RFD #5

19. Sept 7 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 7, 1940, at 7 15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 4 1940, to Sept 7 1940, and that I last saw her alive on Sept 7 1940.

Immediate cause of death: acute Myocarditis with Dilatation

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Elkton Md Date signed: Sept 7/1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

09516

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH:

County Cecil

City or town Outside Rising Sun, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Entire life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Cecil

City or town Rising Sun Md. R.F.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Ida Winchester Nesbitt

3. (b) Social Security Number ✓

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Femal	white	widowed

B (b) Name of husband ~~or wife~~ Charles Nesbitt

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Nov 1 1865

8. AGE:

Years	Months	Days	If less than one day
74	11	22	hrs. min.

9. Birthplace Port Deposit Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business Retired

FATHER
12. Name John F Winchester
13. Birthplace Perryville Md.

MOTHER
14. Maiden name Elizabeth Martin
15. Birthplace Tamaqua Pa.

16. Informant Mrs Rose Armour

Address Rising Sun Md.

17. Burial Date thereof Sept 26
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Hopewell

Location Outside Port Deposit Md

18. Funeral director J. E. Tyson

Address Rising Sun Md.

19. Sep 24 19 40 L. M. Worthington
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 23rd 1940, at 4P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1 1926, to Sept 23 1940, and that I last saw her alive on Sept 23 1940.

Immediate cause of death Cerebral Haemorrhage (#2) — DURATION 2 da

Due to

Due to

Other conditions Paralysis following Cerebral Haemorrhage (#1) — 14 yrs.
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. F. Magraw M. D. ~~or other~~

Address Perryville, Md. Date signed Sept 24, 40

Permit issued 9-24-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 5 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

09517

CERTIFICATE OF DEATH

Reg. Dist. No. 91

1. PLACE OF DEATH:

County: Cecil

City or town: Chesapeake City
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 42 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Chesapeake City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Margaret M. Reynolds

3. (b) Social Security Number: none

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Richard Edward Reynolds

6(c) If alive, give age: 72 years

7. Birth date of deceased (mo., day, yr.): Feb 13 1874

8. AGE: Years: 66 Months: 7 Days: 17 If less than one day: hrs. min.

9. Birthplace: Chesapeake City Cecil Co Md
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: John T. Moore
13. Birthplace: Md

MOTHER
14. Maiden name: McKinney
15. Birthplace: Md

18. Informant: Mr Richard Edward Reynolds
Address: Chesapeake City, Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Oct 3 1940
(month) (day) (year)

Cemetery or crematory: Bethel Methodist

Location: Bethel, Cecil Co. Md

18. Funeral director: Joseph R. Traub

Address: North East, Md

19. October 1st 1940 (Date rec'd by registrar) Mrs Ralph H. Rees Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 30 1940, at 10 15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1932 to Sept 30 1940, and that I last saw her alive on Sept 30 1940.

Immediate cause of death: Acute myocardial failure
Acute dilatation of heart

Due to: Hypertension cardiovascular disease.

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

DURATION: 1 minute; Several years

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Henry V Davis M.D.
M. D. or other

Address: Chesapeake City Md Date signed: 10/1/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
NOV 2 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-C)

09518

CERTIFICATE OF DEATH

Reg. Diat. No. 94

1. PLACE OF DEATH:
County: Cecil
City or town: North East
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 60 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: North East Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ✓
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: not a veteran

3. (a) FULL NAME Robert Ira Reynolds

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife: ✓

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Feb 6 1870

8. AGE:

Years	Months	Days	If less than one day
70	7	16	____ hrs. ____ min.

9. Birthplace: Penna. (Town, county, and state)
10. Usual occupation: mail carrier
11. Industry or business

FATHER
12. Name: Levi Reynolds
13. Birthplace: West Virginia

MOTHER
14. Maiden name: Margaret J Reynolds
15. Birthplace: no information

16. Informant: Charles Brown
Address: North East, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 25 1940 (month) (day) (year)
Cemetery or crematory: cemetery
Location: St Mary's P. E. Episcopal Cem.

16. Funeral director: Joseph R. Grant
Address: North East, Md.

19. 9-25 1940 (Date rec'd by registrar) Lida V. Evans Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 22 1940, at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 10 1940 to Sept 22 1940, and that I last saw him alive on Sept 22 1940

Immediate cause of death	DURATION
Chronic Nephritis	2 yrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Df operations:
Df autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: C. H. Collins M. D. or other
Address: North East Md. Date signed 9-24-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
OCT 2 1940
U. S. DEPT. OF AGR.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-a

CERTIFICATE OF DEATH

09519
94
Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Cecil
City or town: North East
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 3 Months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Del. County: Newcastle
City or town: Hokessin Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: not a Veteran

3. (a) FULL NAME: Matthew F Saccone
3. (b) Social Security Number: 222-01-8634

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Margaret
6(c) If eilve, give age: 56 (56) years
7. Birth date of deceased (mo., day, yr.): May 3 1876
8. AGE: Years: 64 Months: 3 Days: 30 If less than one day: ____hrs. ____min.
9. Birthplace: Italy (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: General
MOTHER FATHER
12. Name: Joseph Saccone
13. Birthplac: Italy
MOTHER
14. Maiden name: No record
15. Birthplace
16. Informant: Mrs Margaret Saccone
Address: North East Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 5 1940 (month) (day) (year)
Cemetery or crematory: Cathedral Cathelic
Location: Wilmington Del
18. Funeral director: Joseph R. Grant
Address: North East Md.
19. Sept 2 1940. (Date rec'd by registrar) Lydia V. Evans Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 2 1940 at 3 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 2 1940 to Sept 2 1940 and that I last saw him alive on Sept 2 1940.
Immediate cause of death: Cardio-Vascular Renal disease — DURATION: 2 yrs
Due to
Due to
Other conditions
(Include pregnancy witbin 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to externel causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of Injury Injured at work?

23. SIGNATURE: C Blevins M. D. or other
Address: North East md Date signed 9-2-40

RECEIVED
OCT 2 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94-B)

CERTIFICATE OF DEATH

09520

Reg. Dist. No. 94

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: North East

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ✓

Stay in hospital or inst. (yrs., or mos., or days): ✓

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: North East Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: H. Ellsworth Simpers

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	White	Married

6 (b) Name of husband or wife: Lora Maddock

6(c) If alive, give age: 79 years

7. Birth date of deceased (mo., day, yr.): March 14 1863

8. AGE: Years	Months	Days	If less than one day
77	6	9	____ hrs. ____ min.

9. Birthplace: Cecil County, Md. (Town, county, and state)

10. Usual occupation: Banker + Real Estate

11. Industry or business:

FATHER — 12. Name: Jesse H. Simpers

13. Birthplace: Md

MOTHER — 14. Maiden name: Elizabeth Fulton

15. Birthplace: Md

16. Informant: Beatrice S. Biddle

Address: North East Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 26 1940 (month) (day) (year)

Cemetery or crematory: Methodist

Location: North East, Md

18. Funeral director: Joseph R. Evans

Address: North East Md

19. Sept 26 1940 (Date rec'd by registrar) Lida V. Evans Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 23 1940 at 2 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept 23 1940 to Sept 23 1940, and that I last saw him alive on Sept 23 1940.

Immediate cause of death	DURATION
Angina Pectoris	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: C. J. Collins M. D. or other

Address: North East, Md Date signed: 9-24-40

RECEIVED
OCT 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82)

09521

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

1. PLACE OF DEATH:
County Cecil
City or town Blythedale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 64 - 3 - 25 -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Cecil
City or town Blythedale, Perryville R.F.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME Harry K. Taylor

3. (b) Social Security Number None.

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Annie Leffler

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8, 1876

8. AGE: Years 64 Months 3 Days 25 If less than one day hrs. min.

9. Birthplace Blythedale Cecil, Md
(Town, county, and state)

10. Usual occupation Clerk.

11. Industry or business General Store

FATHER
12. Name William Taylor
13. Birthplace Perryville, Md. R.F.D.

MOTHER
14. Maiden name Eleanora Jackson
15. Birthplace Cecil Co. Md.

16. Informant Alice Cooper
Address Perryville, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Sept 5, 1940
(month) (day) (year)
Cemetery or crematory Asbury Cem.
Location Perryville, Md. R.F.D.

18. Funeral director Lee A. Patterson.
Address Perryville, Md.

19. Sept 5 1940 James E. Daugherty.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 2 1940, at 7:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15 1937 to Sept. 2 1940, and that I last saw h- alive on Sept. 2 1940.

Immediate cause of death Amyotrophic Lateral Sclerosis — DURATION 2½ yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE L. F. Magraw M. D. or other
Address Perryville Md Date signed Sept 5, 1940

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OCT 4 1940
BUREAU V. S.

09522

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

County: Cecil

City or town: Perry Point, Maryland.c
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 mos 5 days

Hospital, Institution, or street address where death occurred:
Veterans' Administration

How long in hospital or institution? Same as above

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No. 921 Edmondson Avenue
(If rural, give LOCATION)

2.(a) If veteran, name war: World War

3.(a) FULL NAME: TAYLOR, Leroy

3.(b) Social Security Number: Unknown

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Negro	Married

6.(b) Name of husband or wife: Mrs. Laura Taylor

6.(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): May 7, 1893

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
47	4	18		

9. Birthplace: Virginia
(Town, county, and state)

10. Usual occupation: None

11. Industry or business:

FATHER
12. Name: Giles Taylor - deceased
13. Birthplace: Virginia

MOTHER
14. Maiden name: Unknown - deceased
15. Birthplace: Unknown

16. Informant: Hospital records

Address:

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Sept. 26, 1940. (month) (day) (year)

Cemetery or crematory: Baltimore National Cemetery
RICHMOND VA.

Location: Baltimore, Maryland

18. Funeral director: Joseph G. Locks, Jr.
JOSEPH G. LOCKS, Jr.

Address: 1304 W. Central Ave., Baltimore, Md.

19. Sept. 26 1940. (Date rec'd by registrar) Irene E. Haughey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 25 1940, at 7:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 20 1940, to Sept. 25, 1940 and that I last saw him alive on Sept. 25 1940

Immediate cause of death	DURATION
Cerebral hemorrhage	9-18-40
Other conditions:	
Essential hypertension, malignant	Unknown
Cerebral Arteriosclerosis	Unknown
Hypertensive heart disease	Unknown
Residuals, previous cerebral hemorrhage	

(Include pregnancy within 3 months of death)

Major findings of operations: --

Date of op. --

Autopsy results: --

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: -- Date of

Where did injury occur? -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) --

Means of injury -- Injured at work?

23. SIGNATURE: W. L. Meng
W. L. MENG, M.D., Act. Clinical Director
M.D. or other

Address: Veterans' Administration, Perry Point, Maryland Date signed: 9-26-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

PLACE OF BURIAL changed by Bureau Vital Statistics
January 24, 1941 on subsequent information from
funeral director. - LL (Cemetery not recorded)

RECEIVED
OCT 1 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

09523

Reg. Dist. No. 92

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Union Hospital
Stay in hospital or inst. (yrs., or mos., or days): 3 yrs, 3 mo., 18 dys.
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Elkton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: North St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mary H Terrell

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov. 17 1856

8. AGE:

Years	Months	Days	If less than one day
83	9	22	hrs. min.

9. Birthplace: Cherry Hill Maryland (Town, county, and state)
10. Usual occupation: Housework
11. Industry or business

FATHER
12. Name: Joseph S Terrell
13. Birthplace: Cherry Hill Md

MOTHER
14. Maiden name: Lydia Ann McCauley
15. Birthplace: Cherry Hill Md

16. Informant: Mrs Esther Perkins
Address: Elkton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 11 1940 (month) (day) (year)
Cemetery or crematory: Cherry Hill
Location: Cherry Hill Md

18. Funeral director: W. C. Pippin
Address: Elkton Md

19. Sept 10 1940 (Date rec'd by registrar) F R Frazer (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 8, 1940, at 6.55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5-21-1937 to Sept 8 1940, and that I last saw her alive on Sept 8 1940.

Immediate cause of death	DURATION
Cerebral apoplexy	
Due to General arterio sclerosis	
Due to Chronic Interstitial Nephritis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Herbert Bates M.D.
Address: Elkton Md Date signed: 9/9/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
OCT 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

09524

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County Cecil

City or town ~~Newark Del R.D.~~
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Appleton

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 20 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Cecil

City or town Newark Del R.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Trubler

3. (b) Social Security Number

4. Sex: F1

5. Color or race: W

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Joseph Trubler

6(c) If alive, give age 90 years

7. Birth date of deceased (mo., day, yr.): May 16. 1853

8. AGE: Years 87 Months 4 Days 2 If less than one day ___ hrs. ___ min.

9. Birthplace: Czechoslovakia
(Town, county, and state)

10. Usual occupation: Retired

11. Industry or business: —

FATHER
12. Name: John Zvolanek
13. Birthplace: Czechoslovakia

MOTHER
14. Maiden name: no record
15. Birthplace: no record

16. Informant: Frank Trubler

Address: Newark Del R.D.

17. White Clay Crk. Cemetery (Burial, cremation, or removal. Which?) Date thereof Sept 20-40 (month) (day) (year)

Cemetery or crematory: White Clay Crk. Cemetery

Location: Newark Del R.D.

18. Funeral director: R. T. Jones

Address: Newark Del

19. Sept 20 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-18 1940, at 11 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9-18 1940, to 9-18 1940, and that I last saw her alive on 9-18 1940.

Immediate cause of death: Congestive Heart Failure

Due to: Cardio-vascular renal disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. J. Schreader MD
M. D. or other

Address Newark, Del Date signed 9-20-40

VS A15 (T) (I) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48-B)

09525

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:
County Cecil
City or town Cecilton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Main St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Cecil
City or town County Elkton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 105 Booth St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Henrietta Ward

3. (b) Social Security Number 710

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Negro	Widowed

6 (b) Name of husband or wife James Ward
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) September 23, 1865

8. AGE:

Years	Months	Days	If less than one day
74	11	16	____ hrs. ____ min.

9. Birthplace Cecil County (Town, county, and state)
10. Usual occupation Domestic
11. Industry or business Housework

FATHER
12. Name James Conger
13. Birthplace Cecil County

MOTHER
14. Maiden name Catherine Smith
15. Birthplace Cecil County

16. Informant Arthur Ward (Son)
Address Elkton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/11/40 (month) (day) (year)
Cemetery or crematory Cecilton Cemetery
Location Cecilton, Md.

18. Funeral director H. W. Pepper
Address Elkton, Md.

19. Sept 11 1940 (Date rec'd by registrar) Nancy Burba Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 8 1940, at 4:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1940 to Sept 1940
and that I last saw her alive on September 3 1940

Immediate cause of death	DURATION
Chronic Interstitial Nephritis	2 yrs.
Due to Carcinoma of Uterus	8 Months
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James L. Johnson M.D.
M. D. or other
Address Elkton, Md. Date signed 9/9/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
OCT 5 1940
BUREAU V. S.

09526

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48-B)

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County: Cecil

City or town: Providence
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Cecil

City or town: Providence Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Viola May Wilmer

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: William Wilmer

6(c) If alive, give age: 48 years

7. Birth date of deceased (mo., day, yr.): Nov 13 1900

8. AGE: Years: 39 Months: 9 Days: 22 If less than one day: hrs. min.

9. Birthplace: Providence ELKTON MD
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: William P Evans
13. Birthplace: Chesapeake City, Md

MOTHER
14. Maiden name: Mary Elizabeth Harrigan
15. Birthplace: Fair Hill Md

16. Informant: Mrs Mary E. Evans
Address: Elkton R. D #5

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Sept 8 1940
(month) (day) (year)

Cemetery or crematory: Sharps

Location: Elkton R D #5

18. Funeral director: Joseph R. Trant
Address: North East Md.

19. Sept 7 1940
(Date rec'd by registrar)
F R Frazer
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 5 1940, at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1 1940, to Sept 5 1940 and that I last saw her alive on Sept 1 1940.

Immediate cause of death: Carcinoma of

Due to: Uterus &

Due to: Appendix

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

DURATION: at least 6 mos

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Elkton Md Date signed: Sept 5 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 5 1940
BUREAU V. S.